

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Received by (Please Print Clearly) <b>MAR 12 2001</b></p>	
<p>1. Article Addressed to:</p> <p>Commonwealth of Pa Board of Prob &amp; Parole 1101 S. Front St NBE PR 17104-2519</p>		<p>C. Signature <i>[Signature]</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Copy from service label)</p> <p>1099 340000014826 4869</p>		<p>1-00-cv-1992 S. Conder 3-6-01</p>	
<p>PS Form 3811, July 1999</p>		<p>Domestic Return Receipt <b>373</b> 102595-00-M-0952</p>	

**FILED**  
HARRISBURG, PA

APR 04 2001

MARY E. D'ANDREA, CLERK  
Per *[Signature]*  
Deputy Clerk

1-00-cv-1992  
S. Conder  
3-6-01